

Code of Conduct Handbook
Staff Training, Acknowledgment Form & Quiz

Arrowhead Regional Medical Center
COMPLIANCE AND ETHICS

Updated July 2015

Version III

Our Director and Compliance Officer are COMMITTED

Dear ARMC Staff:

At Arrowhead Regional Medical Center, we take great pride in our hospital, our services and our collective successes. As we continue to grow, it is important to take ownership in what we do and how we do it. Integrity is key; it is a commitment I know we all make every day.

In maintaining the highest level of quality to our patients and our community we must strive to be ethical in everything we do, all our daily actions. It is everyone's personal responsibility to adhere to the Compliance Code of Conduct, follow the law and act in the best interest of those we serve. The Compliance Code of Conduct has my full support, and should be the foundation for all our actions.

The ARMC Compliance Code of Conduct book was created to assist you with everyday situations and should serve as an ethical guideline for you while at work. If a question comes up, flip through the book for guidance. If you need more information or think that you should report something, contact the Ethics and Compliance Helpline. The Helpline was designed with you in mind and is a great resource for ARMC staff.

Sincerely,

William L. Gilbert
Hospital Director

Deborah Pease
Associate Administrator, Chief Compliance Officer

ARMC is COMMITTED to Compliance and Ethics

As Arrowhead Regional Medical Center employees (regular and per-diem), volunteers, service contractor providers, students of allied health programs, medical students, resident physicians and attending staff, hereinafter referred to as ARMC employees, we have the utmost responsibility to maintain integrity and professionalism in our actions on behalf of the County of San Bernardino.

The fundamental objectives of ARMC employees are to maintain and/or enhance the overall quality of life, dignity, and well-being of every individual needing health care services and to create a more equitable, accessible, effective and efficient health care system. This means that we have an obligation to act in ways that will merit the trust, confidence and respect of the patients we serve as well as the general public. Our customers depend on us daily to make sound, responsible and ethical decisions. With this in mind it is important to embrace a life that embodies an exemplary system of values and ethics by holding ourselves accountable, individually and as an organization, for the integrity of our decisions and actions each and every day.

ARMC's Compliance Code of Conduct handbook goes hand-in-hand with the "Standards for Employee Conduct", Administrative Operational Manual, Policy No. 200.22. This policy establishes the Standards for Employee Conduct and provides ARMC employees with an understanding of responsibilities in establishing and maintaining high moral and safe, harmonious and efficient operations. The Code of Conduct was not designed to cover every situation and it does not replace or limit policies and procedures of the hospital or the County, regulatory requirements or state and federal law. If you have questions about the Code of Conduct you should contact your supervisor or manager or staff in the Compliance Department.

As ARMC employees we are expected to employ a positive attitude and good judgment in our approach to performing job tasks and adhering to these standards. We must always use common sense in determining if a cited area applies to us, based on the requirements of completing our job(s). These standards are intended to provide clear, written minimal standards for employees.

Employees are to observe the spirit of these standards, which will frequently exceed the legal requirements, as well as laws, regulations, guidelines, policies and procedures pertaining to ARMC operations. No ARMC employee, regardless of position, may allow personal preference, inconvenience or business pressures to compromise ARMC's Standards for Employee Conduct.

Make the commitment to act with honesty and integrity each and every day you show up for work; commit yourself to make ARMC the healthcare provider of choice for the community, a leading employer in the County and a top-rated education teaching affiliate for the region.

ARMC is COMMITTED to Quality of Care for our Patients

Patients are the heart and mission of our hospital. Without them, we would have no need to come to work each day. They come to us when they are sick or in need. When they are delivering new lives into the world or sadly saying goodbye to another. We are entrusted with their lives and well-being and we shall perform accordingly. As ARMC employees our primary commitment is to provide quality healthcare to the community – it is our mission.

We commit to:

- Ensure all patients are afforded quality health care services by treating all patients equally, regardless of ability to pay, race, color, religion, sex, national origin, age or disability. This includes keeping our patients apprised of their medical care, involving them in decisions regarding their care and obtaining their consent for treatment or for participation in a research study. All medical procedures will be performed in accordance with good medical practices.
- Report any patient care issues that we feel do not meet ARMC standards for quality of care. If you see something that could possibly jeopardize patient safety make sure you speak up and let your supervisor know. ARMC has also developed a confidential Hot Line for reporting patient safety concerns.
- Fulfill our responsibilities as they pertain to quality reporting for all regulatory and legal organizations including, but not limited to the Centers for Medicare and Medicaid's Conditions of Participation and ARMC's accreditation organizations.
- Maintain the appropriate licenses, credentials, training, expertise and competence as it pertains to our job description. This information must be provided timely upon hire and on an ongoing basis. Employees who fail to maintain their license, credential or registration will put on an unpaid status until Human Resources is able to verify the license, certificate or registration is from a primary source.
- Immediately notify our supervisor and the Compliance Department if we ever become ineligible to participate in government healthcare programs under the Office of Inspector General's Exclusion Program. OIG is required by law to exclude from participation in all Federal health care programs individuals and entities convicted of the following types of criminal offenses: Medicare or Medicaid fraud, as well as any other offenses related to the delivery of items or services under Medicare, Medicaid, SCHIP, or other State health care programs; patient abuse or neglect; felony convictions for other health care-related fraud, theft, or other financial misconduct; and felony convictions relating to unlawful manufacture, distribution, prescription, or dispensing of controlled substances. ARMC will not be paid for any items or services furnished, ordered, or prescribed by an excluded individual or entity. This includes Medicare, Medicaid, and all other Federal plans and programs that provide health benefits funded directly or indirectly by the United States.

ARMC is COMMITTED to Protecting the Privacy and Security of our Patients

Patient privacy and security is integrated into every aspect of service and care that we provide. Each patient is an individual with unique care needs that are met with respect, privacy and regard for their personal dignity.

When patients choose to utilize services at ARMC, they provide us with sensitive and personal information including name, social security number, date of birth, medical conditions, prescription history and other personal information. Per the Health Insurance Portability and Accountability Act, HIPAA, healthcare facilities must protect and enhance the rights of consumers (patients) by providing them access to their health information and controlling the inappropriate use of that information.

We commit to:

- Protecting our patients' right to privacy, confidentiality and the security of their personally identifiable protected health information (PHI). We will only access, use and disclose the minimum necessary information in order to care for the patient, obtain reimbursement for medical care provided, or for operations purposes of the hospital. Patients have the right to access their medical information, request restrictions on how we use and disclose their information and be notified of their privacy rights.
- Using administrative, physical and technical safeguards to protect electronic PHI, including encryption of communications and portable storage devices. Information and systems used to store, or transmit patient information will be kept secure and protected from unauthorized access or tampering.
- Participate in training regarding appropriate access of patient information, privacy and security policies and legal requirements. Employees will only access patient information to perform job duties. Employees will not access or view medical records information out of curiosity, concern or for other malicious purposes including information on relatives, friends, coworkers, spouses or celebrities.
- Timely reporting of all breaches, or suspected breaches, of patient privacy and security, to the patient and regulatory agencies and to investigate all complaints and incidents of unlawful access, use or disclosure of patient information. Report incidents, or potential incidents, immediately to supervision or directly to the Compliance Department.
- Knowing that violation of HIPAA can lead to disciplinary action and in some cases legal prosecution for state and federal violations as appropriate. The penalties for violations of the HIPAA Privacy & Security Rules range from \$50,000 to \$250,000 (and up to 10 years in prison) against any individual who knowingly and in violation of HIPAA obtains, uses or discloses a patient's protected health information. Organizations may also be fined for non-compliance depending upon the level of non-compliance. Fines for organizations can range up to 1.5 million dollars.

ARMC is COMMITTED to Resolving Patient Complaints and Grievances

Per CMS regulations, there is a difference between a patient complaint and a patient grievance and we want to do our best to avoid a grievance. A patient grievance is a written or verbal complaint (when the verbal complaint about patient care is not resolved at the time of the complaint by the staff present) by a patient or a patient's representative, regarding the patients care, abuse or neglect, issues related to the hospital's compliance with the CMS Conditions of Participation, or a Medicare beneficiary billing complaint related to rights and limitations.

If a complaint cannot be resolved at the time of the complaint by staff present, is postponed for later resolution, is referred to another staff for later resolution, requires investigation, and/or requires further actions for resolution, the complaint then becomes a grievance. A complaint is considered resolved when the patient is satisfied with the actions taken on their behalf or when all resolution avenues have been exhausted.

When a complaint becomes a grievance, the hospital must follow specific guidelines as determined by CMS including investigation timelines and follow-up methods. A complaint/grievance report is also submitted to the Joint Conference Committee, Quality Management Committee and Administration for oversight and reporting purposes.

For more information on ARMC's Patient Complaint and Grievance process you can review AOM Policy No. 920.02 or contact the Patient Advocate at 03535.

We commit to:

- Encourage patients to express any and all concerns in order to identify opportunities to enhance patient care services. At no time shall a concern or grievance be used to deny a patient current or future access to services provided by ARMC. Patients will be notified of their right to present complaints or grievances at the time of admission; information is also posted throughout the hospital.
- Assist patients with complaints timely (within 24 hours) and at the lowest level possible. Staff are empowered to work with the patient/family regarding their concerns and come to a resolution. If the issue cannot be resolved at the lowest level possible, it should be escalated on the same day the complaint was initially made; talk to your supervisor or manager for assistance with the complaint. ARMC's Patient Advocate is available to assist staff with patient complaints after all attempts to resolve the complaint through the appropriate chain of command have been exhausted.
- Appropriately document all complaints and grievances as designated in the AOM Policy No. 920.02 to meet regulatory requirements.

ARMC is COMMITTED to Provide Appropriate Emergency Screening/Care

ARMC follows the Emergency Medical Treatment and Active Labor Act (EMTALA) in providing a medical screening exam by a physician or other qualified medical person to all patients that present to the Emergency Department to determine whether an emergency condition exists. We will not delay or postpone treatment to inquire about methods of payment or insurance coverage.

Additionally, we will only transfer patients with an emergent medical condition, when the patient requests to be transferred or the patient is in need of a higher level of care and ARMC is not equipped to handle such level of care. Patients will be transferred in strict compliance with state and federal EMTALA regulatory requirements.

We commit to:

- Provide a medical screening examination by a physician or other qualified medical person to determine if the individual who has presented to the Emergency Department has an emergency medical condition.
- Provide the patient with further medical evaluation/treatment if it is determined that the patient has an emergency medical condition; stabilize the patient within the capability of the hospital.
- Arrange for a transfer of the patient to another medical facility pursuant to the patient's request, or when a physician or other qualified medical person, in consultation with the physician, certifies that the transfer is appropriate.
- Not delay the provision of a medical screening evaluation, stabilizing treatment, or appropriate transfer in order to inquire about the patient's method of payment or insurance status.
- Review and understand our role(s) in AOM Policy No. 610.05, Transfer to and from the Emergency Room. Consult with your supervisor or manager if you have any questions regarding this policy or how you are to respond when presented with an individual requesting emergency treatment.

ARMC is COMMITTED to Upholding Laws and Regulations

We are not expected to be knowledgeable about all the laws and regulations pertaining to healthcare compliance, but we do need to understand that we are personally responsible for knowing the laws and regulations that apply to our positions and for adhering to those legal and regulatory standards.

If ARMC does not maintain compliance with certain government rules and regulations we could face harsh penalties that could result in exclusion from government-sponsored programs such as Medicare and Medi-Cal as well as large fines and in some cases imprisonment.

We commit to:

- Be familiar with the laws, regulations and policies and procedures that apply to our positions here at ARMC. Staff are required to uphold both the written words, the meaning behind those words and the spirit of those words as they pertain to our jobs.
- Inform our supervisor/manager and the Compliance Department if I become ineligible to participate in state and federal programs. ARMC receives money from the state and federal government to provide care to patients under these programs. The Office of Inspector General maintains a list of those individuals and organizations that have for some reason become ineligible to receive funding from the state or federal government. As such, ARMC cannot employ or contract with anyone who is determined to be ineligible to participate in a program funded by the state or federal governments.
- Ask questions if we do not understand how a law, regulation or policy relates to my position at ARMC. The government considers “deliberate ignorance” or “reckless disregard” for information that we should have known, as a condition of our position, as a violation of the law and punishable in many circumstances. If in doubt, ask. Additionally, we are expected to keep up with regulatory changes that affect our areas of responsibility. Join a list serve, read a professional journal, attend a seminar or conference, or again, ask.

Anti-Kickback and Physician Self-Referral

ARMC complies with the federal anti-kickback statute which prohibits offering, paying, soliciting, or receiving any remuneration, directly or indirectly, overtly or covertly, in cash or in kind, to induce referrals of or recommending or arranging for the purchase of any items or services covered under a federal health care program and the physician self-referral law (Stark Law) which prohibits a physician from referring patients for designated health services paid for by Medicare, if the physician or physician’s immediate family member has a financial relationship with the entity providing the designated health service.

We commit to:

- Adhering to ARMC policies and guidelines on accepting and providing referrals. As staff we will not knowingly and/or willfully offer, pay, solicit or receive remuneration in order to induce the referral of a federally-funded health care program business, including, but not limited to, Medi-Cal and Medicare. This includes not only remuneration intended to induce referrals of patients, but

remuneration intended to include the purchasing, leasing, ordering, or arranging for any good, facility, service, or item paid for by a federally-funded health care program.

- Only refer patients to a designated health service as permitted by the law. We cannot refer patients for a designated health services to a facility in which we have ownership interest in, or compensations arrangements with, if these services are being paid by a government program, unless a specific exception/safe harbor applies.

Deficit Reduction Act of 2005

In 2005, Congress passed the Deficit Reduction Act (DRA) to reconcile the 2006 federal budget. The DRA included specific provisions aimed at reducing Medicaid (Medi-Cal) fraud and abuse and applies to all health care providers receiving at least \$5 million in Medicaid payments. When an organization comes under the scrutiny of the Medicaid Integrity Program, one of the items that will be reviewed is whether the organization did an adequate job of communicating the details of the False Claims Act (FCA) and the whistleblower protections throughout the organization and to agents and contractors.

This information is provided to all employees upon hire, annually in the Annual Employee Update, and periodically as necessary. In addition, specific policies and procedures regarding the Deficit Reduction Act of 2005, the Federal and State False Claims Act, and whistleblowing protections are available to all employees in the Administrative Operations Manual, Section 1000.

False Claims Act (FCA)

ARMC complies with all applicable laws and regulations which support the efforts of federal and state authorities in identifying incidents of fraud and abuse and has the necessary procedures in place to prevent, detect, report and correct incidents of fraud and abuse in accordance with contractual, regulatory and statutory requirements.

The FCA makes it illegal to knowingly present (or cause to be presented) to the federal government a false or fraudulent claim for payment or approval. The FCA prohibits a healthcare provider from knowingly making or using (or causing to be made or used) a false record or statement to get a false or fraudulent claim paid or approved by the federal government or its agents, such as a fiscal intermediary, carrier, other claims processor or State Medicaid program.

Three important terms to be aware of when understanding the FCA are as follows:

Knowingly – The term knowingly is defined to mean that a person with both the submission and the falsity of the claim:

1. Has actual knowledge of the information;
2. Acts in deliberate ignorance of the truth or falsity of the information; or
3. Acts in reckless disregard of the truth or falsity of the information.

Deliberate Ignorance – An individual intentionally avoids learning facts that would reveal the falsity of the claim.

Reckless Disregard – The provider pays no regard to whether the information on a claim submitted for payment is true or false.

We commit to:

- Comply with AOM Policy No. 1000.23, Federal and State False Claims Act.
- Never submit a claim for payment that includes false/fraudulent information, or claims based on fraudulent documents to any state or federal program.
- Bill for services that are actually provided, properly documented and accurately coded. Avoid using “default codes” or selecting codes because they guarantee payment, instead of coding and billing for products and services actually rendered. Avoid “upcoding” or selecting a code for a more serious diagnosis or more extensive procedure than is actually performed. Avoid “unbundling” a group of procedures and then coding them separately in order to receive a separate payment for each procedure when one or more components are components of a global code.
- Report potential or suspected incidents of fraud and abuse or other wrongdoing to your supervisor, the Compliance Department or call the Compliance and Ethics Helpline (1-877-797-ARMC). Supervisors must immediately contact the Compliance Department if they receive information regarding a potential incident of fraud and abuse from an employee.
- Protect employees rights and educate staff on whistle blowing under the FCA. The FCA allows employee/individuals (relator) to bring civil suits against a provider in the name of the United States government for a violation of the FCA (“Whistleblowing”). The FCA requires that the relator file the initial complaint with the federal district court “under seal”. This means the names of the relator and defendant are not available to the public. The complaint will remain under seal for a minimum of 60 days to enable the government to investigate the relator’s allegations and determine if the government will intervene in the action.

The FCA provides protection to the employee from retaliation. An employee, who is discharged, demoted, suspended, threatened, harassed, or discriminated because of lawful acts conducted in furtherance of an action under the FCA, may bring action in federal District Court seeking reinstatement, two times the amount of back pay plus interest, and other enumerated costs, damages and fees.

Examples under the FCA for false or fraudulent practices include:

- Billing for services or items that were not provided or costs were never incurred
- Duplicate billing – billing for services or items more than once
- Unbundling billing – separating and billing for the individual components of a medical service rather than correctly billing with an all-inclusive procedure code
- Upcoding or creeping (billing using a DRG code that provides a higher payment rate than the DRG code that accurately reflects the service furnished to the patient)
- Billing for services or items that are excessive or not medically necessary
- Assigning an inaccurate code or patient status to increase/decrease reimbursement

- Providing false or misleading information regarding the patients' condition or eligibility
- Failing to identify/report and refund credit balances
- Billing for services provided by an unlicensed provider
- Billing for a service or product that has not been approved/accepted by a treating physician or health care practitioner
- Submitting claims for payment for services that fail to meet regulatory standards of care
- Submitting claims for services where the quality was so poor as to be deemed worthless

Documentation, Coding and Billing

ARMC employees that are involved in any type of documentation, coding, billing and accounting for patient care services for the purpose of billing government, private or individual payors must comply with all applicable federal and state regulations as well as ARMC policies and procedures for preventing and detecting fraud, waste and abuse.

Accurate coding and billing for patient services requires cooperation and effective communication between members of the coding/billing departments and clinical staff. An effective program requires that all persons involved in the patient care process (clinical or administrative staff) be diligent with respect to proper documentation. Failure to appropriately and accurately document patient care may result in the improper submission of claims by the hospital.

We commit to:

- Create and maintain through, accurate and honest patient records and/or other types of professional documentation. We must document promptly, following legal requirements, professional standards and applicable policies.
- Make sure that all information documented in the patient record or on a cost report is complete and accurate and that the entries are signed and dated.
- Be responsible for ethical coding of diagnosis and procedures in line with the Standards of Ethical Coding developed by the American Health Information Management Association.
- Bill all paying sources (Medicare, Medi-Cal, etc.) for services that are medically necessary. If a service is not medically necessary then it should not be performed or billed for.
- Bill for services that are medically necessary and were actually provided, properly documented and accurately coded.
- Ensure that the financial transactions we document reflect actual transactions and conform to generally accepted accounting principles (GAAP) and comply with state and federal laws, regulations and policies.
- Produce cost reports that are true, correct and complete and prepared according to official instructions.
- Immediately report to the Compliance Department any potential or actual improprieties that I may suspect with regards to accounting, internal controls or auditing.

ARMC is COMMITTED to the County

ARMC employees are agents of the public, serving for the benefit of the community. The highest standards of morals and ethics must be upheld at all times. Truthfulness and honesty are an expectation of all employees on a daily basis. Conduct that interferes with operations, discredits the County, or is offensive to patients and/or coworkers, is not tolerated. Remember, we are viewed by the community as representatives of the County, as such, we must maintain the public's trust at all times by behaving in an ethical manner.

We commit to:

- Uphold and adhere to the Constitution of the United States, Constitution of the State of California, and the rules, regulations and policies of the County of San Bernardino and ARMC. In our official acts as employees, we shall carry out our duties faithfully, recognizing that the public interest is paramount. All employees must demonstrate the highest standards of morality and ethics consistent with the requirements of their position and consistent with the law.
- Support the objectives expressed by the Board of Supervisors, adhere to work rules and performance standards established for our positions, use good manners, be considerate, be accurate and truthful in statement and exercise sound judgment in the performance of our work. During the hours covered by active County employment (our regular work schedules – i.e. 8am – 5pm, Monday through Friday), employees shall not work for any other employer or agency, nor should we conduct or pursue any unauthorized compensation activities.
- Not exceed our authority, breach the law or ask others to do so. It is important to work in full cooperation with public officials and other employees unless prohibited from doing so by law or by officially recognized confidentiality of the work.
- Only engage in the political process to the extent that participation does not interfere with the performance of our job duties and functions and that it is done on our own time and at our own expense. While participating in such activities it is important not to give the impression that we are speaking on behalf of or representing ARMC or the County.
- Solicit fellow employees for the purchase items on behalf of outside organizations, either non-profit or for profit, in employee lounge areas on employees' own time. Employees shall not engage in such solicitation of patients or the public.
- Only raise funds for a hospital sponsored event through one of ARMC's nonprofit-charitable organizations, as authorized by the Board of Supervisors, and County Policy No. 06-02SP (i.e. Volunteers, Foundation, or the Employee Activities Committee). Employees may not raise funds for non-hospital sponsored events during normal work hours or on the hospital grounds without explicit direction from ARMC Administration and the Chief Compliance Officer.

ARMC is COMMITTED to Protecting its Assets

The privilege to access and use ARMC and County assets are granted to advance the interests of the hospital and should not be abused for personal gain. Financial, personal and other incentives to misuse cash, property, equipment, supplies and other ARMC resources must be disclosed. ARMC expenditures for professional memberships and education must be disclosed. When such use of ARMC property and/or assets are based on personal relationships or for personal gain and do not advance the interests of ARMC or when such expenditures do not enhance the performance of professional responsibilities for ARMC, they may be considered waste and abuse of ARMC property and/or assets. Waste and abuse of ARMC assets may result in disciplinary actions, up to and including, termination.

Each employee is provided with the tools necessary to perform their job. Some of these tools include computers, telephones, copy and fax machines, email, voicemail as well as paper and pens. These tools are County property and should be used only for County business.

Employees are prohibited from using County-owned equipment, materials, or property for personal benefit or profit unless specifically authorized by the Board of Supervisors as an element of compensation. This includes unauthorized removal of County-owned equipment and materials from work sites regardless of intent to return equipment or materials.

We commit to:

- Respect the equipment and supplies the hospital has afforded us to perform our daily work duties. We will not remove or use ARMC supplies and equipment for personal use. Supplies and equipment include, but are not limited to, vehicles, machinery, computers, printers, telephones, medical devices, office supplies, medical supplies, cleaning and food supplies.
- Be cognizant of our assigned work time by working productively and reporting our time and attendance accurately. Only the employee to whom an ARMC ID badge is issued may utilize it to swipe in/out at a designated time clock to record hours worked. Anyone using another employee's ID badge to swipe and record time at a time clock will be subject to disciplinary actions.
- As a supervisor or manager, maintain careful internal controls and accurate records of department budgets and spending. It is important to exercise appropriate oversight of purchases, financial reports, expense accounts and time cards.

ARMC is COMMITTED to Avoiding Conflicts of Interest

It is important that we avoid any real or perceived conflicts of interest while doing business on behalf of the County and ARMC. A conflict of interest is a situation in which we have competing professional or personal interests; and such competing interests can make it difficult to act in the best interest of ARMC or the County.

Conflicts of interest are not in and of themselves unethical or impermissible; indeed, they are often unavoidable and in many cases can be appropriately managed or reduced to an acceptable level. However, ARMC staff should be cognizant of the fact that any outside activity, interest, or interaction with another organization, individual or vendor has the potential to create conflicts, whether real or perceived. Recognition of potential conflicts, and sensitivity to how personal, financial and other relationships can be perceived by others, are by themselves important parts of managing conflicts.

We commit to:

- Never use our position to profit personally or to assist others in profiting at the expense of ARMC or the County.
- Refuse personal gifts or benefits from vendors, patients or others. AOM Policy Nos. 1000.24, *Vendor Relations* and 1000.30, *Conflict of Interest – Prevention* of include information about the acceptance and/or solicitation of gifts or benefits from organizations, individuals or vendors.
- Base staffing decisions on academic credentials, skills, experience, professional qualifications and achievements and other factors necessary to excel in the role. Individuals who have the ability to make or influence staffing decisions should be free of personal bias or gain. Staffing decisions involving immediate family members, relatives and other individuals where a personal relationship exists must be disclosed. When a conflict of interest warrants action, there may be exclusion from the screening, selection or hiring process, career development, advancement and other staffing decisions.
- Disclose any financial interests that we or immediate family members may have that would appear to affect or be affected by my work at ARMC or the County. It would be considered a conflict of interest if you have the authority to recommend, or participate in a committee that has the authority to recommend (i.e. RFP committee) doing business with a vendor that is a member or your immediate family, is a side company you own or work for, or are receiving money/ benefits from.
- Complete the County of San Bernardino's Statement of Economic Interest, Form 700 if designated per the County's Conflict of Interest Code. This Form requires filers to disclose certain personal financial holdings as defined in the Act's stated purposes: Assets and income of public officials which may be materially affected by their official actions should be disclosed and in appropriate circumstances the officials should be disqualified from acting in order that conflicts of interest may be avoided. (California Government Code, Section 81002(c).)
- Not accept gifts, even between staff, if it is not permitted; if it is prohibited by law or regulation; prohibited by an ARMC or County policy; or intended to improperly influence, or would have the appearance of improperly influencing the recipient.

ARMC is COMMITTED to Ethical Procurement Practices

It takes a well-oiled machine to run a hospital and at ARMC part of our “machine” are our business partners. In order for the hospital to fully function we rely on our business partners to help us achieve our best. From suppliers and contractors to physicians and other medical entities, each aspect is critical to the success of ARMC. We will treat our business partners with respect, professionalism and integrity.

We take pride in being a good customer and working with our contractors and vendors in a fair and ethical manner. The mission of County procurement is to obtain the best value for each dollar expended and to uphold the public trust in an open and honest environment. It is the policy of the Board of Supervisors that the competitive process is the best method for procurement. The competitive process means that solicitations for goods, supplies, equipment or services are to be made in accordance with existing policies and procedures and that selection is to be made on the basis of quality, service and cost.

We commit to:

- Conduct ourselves with fairness and dignity, and to demand honesty and truth in the procurement process. This includes treating vendors and contractors with courtesy and professionalism at all times.
- Make purchasing or contracting decisions free of personal bias or gain. Personal relationships with a potential vendor or contractor, financial interests, gifts or favors received and other forms of influence must be disclosed. When a conflict of interest warrants action, there may be exclusion from the selection, negotiation, purchasing and contracting process. Procure without prejudice, seek to obtain the maximum value for each dollar expended, avoiding unfair practices and giving all qualified vendors equal opportunity.
- Not enter into an explicit or implicit agreement with a vendor or referral recipient to prescribe a given medication or biomedical device, or for the purchase of a supply or other item/service in exchange for gifts. As employees we cannot accept gifts, favors, payments, services, or anything else of value which might appear to influence the actions of the employee or of ARMC, including procurement decisions.
- Make appropriate disclosures when a contracted vendor offers or pays for us to attend training/conferences, and/or reimburse travel, meals and/or other benefits as a condition of an approved contract or purchase order. In such an instance a California Form 801 must be completed which discloses payments made to ARMC when the payments provide a personal benefit to an official of ARMC (i.e. off-site training session for a new piece of equipment).
- Follow County policy and Per County policy and not enter into a contract or purchase unless it is approved by the Board of Supervisors and signed by the Chairman, or otherwise directed by the Board or provided for by law.
- Avoid engagement in any transaction that might conflict with normal employment duties by reason of a financial interest, family relationship, or any other circumstance causing a breach of confidence in the acquisition process.

ARMC is COMMITTED to Appropriate Use of Pharmaceuticals, Prescription Drugs and Controlled Substances

Many of ARMC's employees have responsibility for and access to prescription drugs, controlled substances, and other regulated pharmaceuticals. ARMC is legally responsible for the proper distribution and handling of these pharmaceutical products. Specific laws forbid the distribution of any drug, in any amount or for any reason, to an unauthorized individual or entity.

At ARMC, employees must be diligent and vigilant in carrying out their obligations in regards to prescription drugs in accordance with all applicable laws, regulations and internal policies. Any violation of law or internal policy involving prescription drugs, controlled substances or other pharmaceuticals may result in disciplinary action up to and including termination of employment.

We commit to:

- Be familiar with the laws, policies and standards that govern our work with pharmaceuticals and supplies. All medications must be provided with an order by an individual who is licensed by the State of California to write prescriptions.
- Keep pharmaceuticals secured at all times and be sure they are not available to anyone who does not have a prescription.
- Employees must follow policies, procedures, standards, laws and regulations for handling outdated, deteriorated or unusable drugs.
- Report any problems where you are aware or suspect inappropriate distribution of drugs.

ARMC is COMMITTED to Workplace Safety

ARMC is committed to providing a safe and healthy work environment, one in which we observe environmentally sound business practices throughout the organization. We are all expected to conduct ourselves professionally, and in full compliance with applicable health, safety and environmental laws. Nothing shows our respect for one another more than the conscious effort we make to ensure that our work environment and practices are safe, healthy and environmentally appropriate.

As employees, we must keep our areas clean, observe posted warning signs and immediately report to management any work-related accident/injury or any type of environmental or safety concern.

We commit to:

- Comply with safety and health standards and with the policies and procedures that apply to our job responsibilities in an effort to maintain a safe environment.
- Report all potential safety hazards immediately.

ARMC is COMMITTED to Medical Staff Compliance

ARMC's medical staff plays a very special role at the hospital and in doing so has additional ethical concerns to be aware of. Ethics is no longer just interpreting advanced directives or trying to accommodate a patient's preferences. It is a way to prevent fraud, waste and abuse; to identify and prevent criminal and unethical conduct as well as a way to report potential problems as they are discovered.

We commit to:

Physician-Patient Relationships:

The physician-patient relationship is based upon an unspoken contractual relationship that is developed on trust, confidentiality and respect. Physicians should encourage their patients to participate in the care process thereby developing the bond between them.

Medical Staff shall not decline to accept patients solely on the basis of race, color, gender, sexual orientation, religion, or national origin or on any basis that would constitute illegal discrimination.

Colleague Interactions

Good relationships with other physicians and medical professionals are essential to quality patient care. Physicians should work to promote the development of an expert healthcare team that will work together to provide optimal patient care; communication and professionalism are key components.

Interactions with other colleagues must be based on mutual respect and the desire to improve patient care. Physicians should recognize their own professional limitations and expertise and be open to consultation or referrals as necessary.

Referral Practices

Decisions regarding patient referral should be based upon the needs and best interests of the patient and performed in accordance with applicable laws, regulations and ARMC policies and procedures. A referral to another facility in which the physician has a financial interest is not necessarily unethical or illegal but it can be questionable if done in an inappropriate manner. Always take into account the "perception" of the referral. Does it appear that you are referring patients for a financial gain or to benefit a family member or business partner? When in doubt, consult the Compliance Department.

Prescribing Practices

Financial interests that a physician may have in a company that supplies a product should not influence a physician in the prescribing of drugs, devices, appliances or treatment. Physicians should not accept gifts from industries that would influence their prescribing patterns or practices. As part of ARMC's physician corporation contracts, designated physicians must fill out a Form 700 (Statement of Economic Interests) on an annual basis which would disclose such relationships.

Research

Integrity in research includes not just the avoidance of wrong doing, but the thoroughness, carefulness and accountability that are essential to good practice. Physicians must conduct research according to ethical, moral, medical and legal guidelines. All research should respect the dignity and sanctity of human life. The goal of the research should be for the betterment of mankind, the alleviation of suffering and ultimately the improvement of medical practice.

As appropriate, research projects should be approved by the Institutional Review Board (IRB). All human research subjects should be fully informed of the benefits and risks of the research being conducted and should give their informed consent before prior to participating as a subject in any prospective trial.

Character Issues

Patients and the community in general, place a high level of trust in physicians which is not to be taken lightly. Physicians are held to the highest moral standards. This level of trust is based on an assumption that the physician maintains a high degree of personal integrity and adheres to a professional code of ethics. Physicians are expected to be truthful and honest.

Professional Fees

Physicians are entitled to reasonable compensation for medical services on behalf of our patients. Physicians should receive compensation only for services actually rendered. Illegal fee arrangements include: charging for services not rendered, fee-splitting in exchange for referrals, receiving a commission from anyone for an item or service that was referred by the physician (“kickback”) and upcoding.

ARMC is COMMITTED to Responsible Reporting

Compliance is EVERYONE'S responsibility; meaning everyone has the obligation to report situations or activities that are, or are perceived to be, a violation of the Code of Conduct, law, regulatory requirement, etc. If something concerns you, but you are not sure whether or not it is in violation, you must raise the concern and ask for advice. You do not have to be absolutely sure that you are right to make a report, but you must provide information that you believe to be true.

When you report violations or concerns, you provide an opportunity for ARMC to investigate them and, if necessary, correct them before they can cause serious legal issues or negative publicity. If you are aware of a violation, and don't report it, you are allowing it to continue. Failing to report a violation is a violation in itself.

You need to know that ARMC is absolutely committed to the promise that there will be no retribution or retaliation for reporting a violation or potential violation. Additionally, the Compliance and Ethics Department maintains that your report will be given serious attention, including a thorough investigation. ARMC Administration is completely on Board and applauds employees for speaking up and coming forward with reports of any violations.

Reporting does not protect you from disciplinary action regarding your own performance or conduct, but your honesty in coming forward will be considered.

For more information about ARMC Compliance and Ethics Program or to report a concern, please contact the Compliance Department at:

Compliance Department

(909) 580-2198

Compliance and Ethics Helpline - Confidential

1 (877) 797-ARMC (1-877-797-2762)

Department Address

Arrowhead Regional Medical Center
Compliance Department, 2nd Floor
400 North Pepper Avenue
Colton, CA 92324

You may schedule an appointment so you can discuss the issue confidentially. Be prepared to present any evidence you have to support your allegations. You may also, call the department directly, the confidential helpline, or via mail.

**Arrowhead Regional Medical Center
Committed to Compliance - Code of Conduct Handbook
Acknowledgement Form**

I acknowledge that I have received and read the Arrowhead Regional Medical Center Compliance and Ethics Code of Conduct Handbook. I am committed to performing my duties at ARMC with honesty and integrity. Should I become aware of a potential violation, I understand that it is my duty to report this immediately to the Compliance Department for further investigation.

Employee's Name

Employee #

Employee's Signature

Date

Position

Department

cc: Official Personnel File
Department File

Arrowhead Regional Medical Center
Committed to Compliance - Code of Conduct Handbook
Post Test

Print Name: _____

Department: _____ Title: _____

1. List four examples of fraudulent practices under the False Claims Act (FCA):
 - A. _____
 - B. _____
 - C. _____
 - D. _____

2. A conflict of interest is a situation in which we have competing professional or personal interests and such competing interests can make it difficult to act in the best interest of ARMC or the County.
 - A True
 - B False

3. If you or someone you know who works at ARMC (staff, physician, vendor, etc.) becomes ineligible to participate in government healthcare programs under the Office of Inspector General's Exclusion Program, you should immediately notify our supervisor and the Compliance Department.
 - A True
 - B False

4. It is okay to knowingly and/or willfully offer, pay, solicit or receive remuneration in order to induce the referral of a federally-funded health care program business, including, but not limited to, Medi-Cal and Medicare.
 - A True
 - B False

5. The mission of County Procurement is to obtain the best _____ for each dollar expended and to uphold the publics' trust in an open and _____ environment.